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PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875								Application or Docket Number 10/593,519			ing Date 08/2007	To be Mailed
APPLICATION AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY 🛛				HER THAN ALL ENTITY
	FOR	N	NUMBER FILED		NUMBER EXTRA			RATE (\$)	FEE (\$)		RATE (\$)	FEE (\$)
	BASIC FEE (37 CFR 1.16(a), (b),	or (c))	N/A		N/A			N/A			N/A	
	SEARCH FEE (37 CFR 1.16(k), (i),	or (m))	N/A		N/A			N/A			N/A	
	EXAMINATION FE (37 CFR 1.16(o), (p),		N/A		N/A			N/A			N/A	
	TAL CLAIMS CFR 1.16(i))		minus 20 =		*			X \$ =		OR	X \$ =	
IND	EPENDENT CLAIN CFR 1.16(h))	1S	minus 3 =		*			X \$ =			X \$ =	
	APPLICATION SIZE (37 CFR 1.16(s))	shee is \$2 addit	If the specification and drawi sheets of paper, the applicat is \$250 (\$125 for small entity additional 50 sheets or fractions 35 U.S.C. 41(a)(1)(G) and 37			n size fee due for each thereof. See						
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j))												
* If i	the difference in col	umn 1 is less than	r "0" in coluı		TOTAL			TOTAL				
APPLICATION AS AMENDED - PART II (Column 1) (Column 2) (Column 3)								OTHER THAN SMALL ENTITY OR SMALL ENTITY				
AMENDMENT	09/20/2011	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR		PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)
	Total (37 CFR 1.16(i))	* 25	Minus	** 27		= 0		X \$26 =	0	OR	X \$ =	
	Independent (37 CFR 1.16(h))	* 4	Minus	***3		= 1		X \$110 =	110	OR	X \$ =	
	Application Size Fee (37 CFR 1.16(s))											
′	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))									OR		
								TOTAL ADD'L FEE	110	OR	TOTAL ADD'L FEE	
(Column 1) (Column 2) (Column 3)												
ENDMENT		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMBI PREVIOL PAID F	ER JSLY	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)
	Total (37 CFR 1.16(i))	*	Minus	akrakr		=		X \$ =		OR	X \$ =	
	Independent (37 CFR 1.16(h))	*	Minus	***		=.		X \$ =		OR	X \$ =	
EN	Application Size Fee (37 CFR 1.16(s))											
AM	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))									OR		
				_			• '	TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	
** If *** I	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20". *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3". The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.											

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